DRAFT

Governor's Interagency Coordinating Council for the Prevention of Alcohol and Other Drug Problems

Strategic Plan to Reduce Adolescent and Young Adult Binge Drinking in California

ALIFORNI

Sacramento, California

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"The consequences and costs of youthful alcohol use are enormous. Many of these harmful consequences are immediate and all too evident – injuries due to impaired driving or violence, sexual assault and unwanted pregnancies."*

^{*} Page xiii, Reducing Underage Drinking: A Collective Responsibility, Washington, D.C. 2003

FORWARD and ACKNOWLEDGEMENTS

For the past year, the Governor's Interagency Coordinating Council for the Prevention of Alcohol and Other Drug Problems, more commonly referred to as GPAC (Governor's Prevention Advisory Council), has engaged in a problem definition and planning initiative concerning binge drinking among California's young people 12 to 25 years of age. The GPAC deliberations have involved representatives from a comprehensive array of California state agencies and departments for which alcohol and other drug (AOD) problems are relevant. As part of their overall planning process, the GPAC established a small workgroup to develop a statewide Strategic Plan on binge drinking among adolescents and young adults. This group met on five occasions during the year-long planning process. At these meetings, members have a) identified agency perspectives concerning binge drinking and associated problems; b) collected and considered empirical data concerning the binge drinking problem in California, its scope and focus, and its consequences; and c) considered the collaborative action that may be taken to reduce the incidence and consequences of this drinking behavior in California.

The GPAC binge drinking initiative is a strong example of the forward looking prevention planning that California has undertaken in recent years. The approach has been inclusive, comprehensive and strategic, utilizing the broad understanding of comprehensive prevention that has been developed among the state's prevention stakeholders. For purposes of this Plan, alcohol, tobacco, and other drug (ATOD) prevention is defined as:

Strategies, programs and initiatives which reduce both direct and indirect adverse personal, social, health, and economic consequences resulting from problematic ATOD availability, manufacture, distribution, promotion, sales, and use. The desired result is to promote safe and healthy behaviors and environments for individuals, families, and communities.

The breadth and scope of policies, programs and actions relevant to this comprehensive prevention approach are beyond the jurisdiction or resource capacity of any one agency. Successful implementation of the vision will require a broad constituency of committed agencies and organizations that work together in a collaborative fashion. The GPAC has outlined the goals, objectives and strategies that can compose this collaborative action concerning binge drinking in the Strategic Plan presented here.

A few clarifications will help readers understand the meaning intended for specific terms used in this Plan. The term "binge drinking" itself requires some explanation since no common terminology has been universally accepted to describe various drinking patterns. For example, having five or more drinks on the same occasion for males (or four for females) has been referred to in research studies and surveys as "heavy

drinking", "heavy episodic drinking", "high-risk drinking", "dangerous drinking", and "binge drinking". This Strategic Plan focuses on only one specific type of high risk or dangerous drinking behavior. For purposes of this Plan, the term "binge drinking" is being used for the following reasons:

- (1) The term is widely recognized and accepted within the ATOD prevention field.
- (2) Alcohol binge drinking for 12-25 year olds is the National Household Survey on Drug Abuse variable that is covered by California's State Incentive Grant project.
- (3) The Department of Alcohol and Drug Programs and the Department of Health Services have jointly funded a binge drinking surveillance module to the California Behavioral Risk Factor Survey.
- (4) The targeted audience for this Strategic Plan will be state and local agencies, and private entities, who will assist in the implementation of the proposed strategies, and who, in turn, can interpret or redesign these strategies so they may have more relevance to youth and young adults.
- (5) On February 5, 2004, the National Institute of Alcohol Abuse and Alcoholism (NIAAA) National Advisory Council approved the following definition/statement: "A 'binge' is a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 gram percent or above. For the typical adult, this pattern corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours. Binge drinking is clearly dangerous for the drinker and for society." The NIAAA National Advisory Council further stated that "binge drinking is distinct from 'risky' drinking (reaching a peak BAC between .05 gram percent and .08 gram percent) and a 'bender' (2 or more days of sustained heavy drinking)."

As used here, the term refers to drinking alcohol to intoxication over a short time period resulting in an increased risk of health and social harm to the drinker and others. It is a concrete way of focusing public attention on an indicator of the GPAC's underlying goal to reduce the health, safety and economic burden of the inappropriate and illegal use of alcohol, with a particular interest in adolescents and young adults.

One of the emphases of the Plan, and of the California prevention community in general, is to increase the integration of proven and promising prevention activities into California prevention practice. Many terms and perspectives are relevant to this intention. The terms "science-based" and "research-based" are sometimes used to designate programs or practices that have been positively evaluated in high quality research studies. Other terms used to identify the positive findings of prevention evaluation research include "model programs", "proven programs" or "practices", or "promising programs" or "practices." Many of these terms can be misleading. For example, "proven" implies a degree of certainty not warranted by the current state of prevention research. To indicate the importance of using systematic knowledge to guide practice, and to encompass the varied terminology in current use, the term "evidence-based" is used throughout this Plan. The term "underage drinking" is also used at

various points in the Plan. This term is not synonymous with binge drinking, although binge drinking is a particular risk for young people below the legal drinking age.

The Strategic Plan must be interpreted within the context of other overarching concerns that were central to GPAC deliberations. California is a diverse State in which people of color represent a majority of the population. All of the GPAC's recommended strategies must be sensitive and inclusive within this diverse context. For example, environments that encourage binge drinking must be targeted with consideration of differences between cultural/ethnic membership.

GPAC deliberations also emphasized the essential role of local community involvement in developing effective local strategies and infrastructure. Local policies and fees for supporting preventative strategies are an essential component of a strong prevention system. Similarly, local ordinances, enforcement interventions and industry cooperation are important for countering illegal underage drinking which takes place predominantly in non-licensed settings such as residences, public places and automobiles.

In summary, the Strategic Plan represents the collective product of GPAC members, and it is intended to set direction and parameters for a comprehensive set of strategic policies, support services and initiatives to reduce binge drinking and its serious negative consequences throughout California.

NEXT STEPS

Publication of the Strategic Plan to Reduce Adolescent and Young Adult Binge Drinking in California is a first step in the process of implementing comprehensive prevention activities to realize the planned reduction in this serious problem behavior. The GPAC will continue to meet to make decisions concerning the plan and guide the implementation process over the next five years. Next steps in this process will include: a) decisions concerning priority goals and objectives for immediate action; b) development of a specific implementation plan that includes short and long-term time lines and outcomes; c) development of consensus on appropriate performance measurement of intended outcomes, and implementation of procedures for collecting and analyzing these data as part of an annual report on progress toward plan objectives; d) allocation of GPAC workgroup, agency and/or contractor responsibility for implementing prior goals, objectives and strategies; e) allocation of resources to support specific implementation activities; and, f) initiation of a procedure for annual GPAC review and recommendations concerning progress in the implementation of the Plan. The GPAC may make revisions in planned strategies where appropriate. Much remains to be accomplished if binge drinking is to be reduced in California. Nevertheless, this Plan is a significant and necessary first step toward achieving that objective.

This Plan represents the collaborative efforts of a number of individuals. First and foremost, acknowledgement is due to the GPAC Strategic Planning Workgroup members who contributed in all phases of the Plan's development. They are (in alphabetical order):

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The Center for Applied Research Solutions (CARS – formerly EMT Group, Inc.), under contract with the Department, had primary responsibility in facilitating the Workgroup sessions, preparing background materials, and drafting the actual Strategic Plan. This work was done under the directorship of Joël L. Phillips, Executive Director of CARS. Tad Kitada and his assistant Karen Chapman were responsible for facilitating meetings and preparing minutes. Finally, CARS staff, including Cindy Hayden in production and Dr. Fred Springer as Senior Editor, contributed to the look and readability of the final document.

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Goal One:

Promote a cultural shift in understanding and acceptance of binge drinking so that public acceptance is reduced.

- 1.1 Identify and promote awareness of binge drinking incidence/harm.
- 1.2 Promote binge drinking prevention education/awareness skills in communities/targeted settings.
- 1.3 At all levels, promote public/private changes in policy and practice that reduce institutionalized opportunity for binge drinking.

Goal Two:

Encourage and establish collaboration among systems.

- 2.1 Identify/promote opportunities for strategic collaboration.
- 2.2 Strengthen infrastructure capacity to facilitate/support collaborative action.
- 2.3 Increase knowledge/skills for effective collaboration.
- 2.4 Develop/modify policy to reduce impediments and increase incentives for collaboration.
- 2.5 Facilitate specific network/planning activities to promote collaboration.

Goal Three:

Reduce availability of alcohol to underage youth.

- 3.1 Increase knowledge/skills concerning strategies for reduction of alcohol availability for youth.
- 3.2 Promote, monitor and assess specific public/private initiatives to reduce alcohol availability to youth.
- 3.3 Promote strengthened enforcement of existing laws for providing alcohol to youth, for both commercial and social host sources.

Goal Four:

Increase adolescent and young adult perceptions that binge drinking is harmful.

- 4.1 Increase awareness/knowledge of consequences of binge drinking and underage alcohol use.
- 4.2 Encourage peer programs to more effectively change youth perceptions of acceptability of binge drinking and underage alcohol use
- 4.3 Target high-risk adolescent and young adult environments for intensive awareness/education interventions.

Goal Five:

Identify and promote evidence-based practices in addressing binge drinking.

- 5.1 Develop and disseminate information concerning evidence-based practices for effective binge drinking interventions.
- 5.2 Identify and disseminate information concerning funding/resources for evidence-based practices.
- 5.3 Strengthen capacity to collect and analyze information concerning binge drinking and intervention effectiveness in California.

Strategic Goal One:

Promote a cultural shift in understanding and acceptance of binge drinking so that public acceptance of binge drinking is reduced.

Binge drinking in California involves nearly 1.3 million* youth between the ages of 12-25. While some populations are more at risk than others (i.e., college students), all youth in this age range report unacceptable levels of binge drinking. Nearly 3% of seventh graders, 13% of ninth graders, and 26.9% of eleventh graders reported binge drinking in the prior 30 days on the most recent California Healthy Kids Survey (CHKS). Binge drinking has its highest incidence among young adults, where it is associated with social activities, and is particularly prevalent in high risk contexts such as residential colleges. Among older adults, binge drinking is a pattern of problem alcohol consumption related to health, productivity and family failure. At all ages, there is strong evidence linking binge drinking to violent behaviors, vehicle collisions, vandalism and risky sexual behavior, as well as sexual assaults, including rape. Clearly, significant personal, social and economic costs are associated with this pattern of alcohol consumption. Nevertheless, many continue to view binge drinking as a "rite of passage" experience for adolescents and young adults, and a variety of institutions provide opportunity for excessive drinking behaviors. The recent Institute of Medicine Report on Underage Drinking highlights the fact that parents tend to "dramatically underestimate underage drinking in general, and their own children's drinking in particular." Change cannot occur until individuals are fully aware of the extent and consequences of adolescent drinking behaviors, particularly the high reported levels of binge drinking in the target population. Increased public awareness concerning this drinking behavior and its attendant social and economic costs needs to be actively promoted to reduce public acceptance. Awareness and changes in public perception will be an important impetus to changes in public and private policies and norms related to binge drinking. This cultural shift is an essential step in ameliorating this public health and safety problem.

Objectives:

- 1.1 Identify and promote awareness of binge drinking incidence/harm and costs.
- 1.2 Promote binge drinking prevention education/awareness skills in communities/targeted settings.
- 1.3 At all levels, promote public/private changes in policy and practice that reduce institutionalized opportunity for binge drinking.

^{*} Estimates from National Household Survey – based on past thirty day reports.

Promote awareness of binge drinking incidence/ harm.

Increased awareness of the prevalence of binge drinking, where and why it occurs, the factors that contribute to it, the significant problems associated with it, and what might be done to prevent it is a necessary foundation to strengthened preventative action. Development and implementation of a comprehensive public awareness plan will be an important step toward changes in population norms and institutional acceptance of binge drinking opportunities and behaviors.

- Develop a statewide media campaign concerning binge drinking and its related problems. A media campaign to raise awareness of binge drinking among the general public should be developed and implemented. This campaign should be broad in scope, combining information on prevalence, the problems associated with binge drinking, and how these problems might be ameliorated. Since media efforts are costly, coalitions of state agencies should be involved, and/or federal or foundation grants could be tapped to fund the campaign.
- Collate, synthesize and disseminate existing data on binge drinking prevalence, associated problems and potential solutions. Under the auspices of one of the GPAC member agencies, a web site focused on binge drinking data, as well as prevention strategies, should be identified or established. Data and materials could be collected, collated and synthesized through the Department of Alcohol and Drug Programs (ADP) or other agency technical assistance (TA) contractors.
- Establish meeting schedule of state agency public information officers to review binge drinking awareness materials and dissemination plans. Press kits including informational fact sheets on binge drinking and its related problems should be prepared and shared with public information officers in GPAC agencies. Through periodic, scheduled meetings, public information staff can meet to discuss innovative ways to disseminate binge drinking information. Coordination of agency initiatives by content and target population will optimize coverage.
- Provide information on progress of the Binge Drinking Plan to stakeholders, seek
 their input and assistance. One agency should assume primary responsibility for tracking
 and documenting the overall implementation of the Strategic Plan. This information could
 be maintained and updated on the dedicated binge drinking web site recommended above.
 Multiple stakeholders should be involved in the tracking and documentation process to
 encourage their input and assistance.

Promote binge drinking prevention/intervention skills in communities/ targeted settings.

The development of a public awareness campaign on binge drinking must be accompanied with information on successful and promising strategies for educating the public, raising awareness, and achieving commitment in diverse populations. The literature supports the importance of developing a "portfolio of approaches" rather than relying on a single approach to mobilizing public opinion and organizational action.*

- Develop/provide regional training/TA opportunities on the social, physical and economic impact of binge drinking and potential intervention strategies. Utilizing existing TA and Training contracts, develop materials and resources to promote increased awareness of effective strategies to address binge drinking at the community level.
- Encourage and facilitate non-governmental associates as spokespersons for increased outreach and message credibility (e.g., insurance industry, faith community). Involve other stakeholders in the overall public awareness campaign. Assist them with materials on binge drinking that they can use in their public dissemination activities.
- Encourage the formation and/or use of local collaboratives to focus on reducing the incidence of binge drinking.

Page xiii, Reducing Underage Drinking is a Collective Responsibility, Washington, D.C. 2003

At all levels, promote public/private changes in policy and practice that reduce institutionalized opportunity for binge drinking.

Binge drinking occurs disproportionately in specific age groups and social circumstances. Older adolescents and young adults, for example, are at higher risk for binge drinking behaviors, particularly when they are in certain social environments (e.g., residential colleges) or social circumstances (e.g., social opportunities with a focus on alcohol consumption). Public and private policy initiatives to reduce environmental opportunities for binge drinking are integral to comprehensive efforts for cultural change concerning this behavior.

- Develop and disseminate information on social environments and events that are associated with a high incidence and prevalence of binge drinking. A GPAC workgroup or member agency, through agency contractors, should identify, synthesize and disseminate information on those social environments and events (e.g., "happy hour" policies) that are associated with higher levels of binge drinking. Awareness of problem contexts is a first step in mobilizing the will to make changes in policy and practice.
- Identify, categorize and disseminate information on model policies and practices relevant to those environments and events that provide greater opportunity for binge drinking. A GPAC workgroup or member agency, through agency contractors, and California organizations involved with alcohol issues (e.g., Marin Institute, Cal Council, Prevention Research Group, Alcohol Research Group, and others) should identify and disseminate evidence-based model policies and practices that will reduce the opportunity for binge-drinking related to high-risk environments and events.

Strategic Goal Two:

Encourage and establish collaborations among systems.

Engaging community members on AOD issues through participation in community collaborations has been a prominent prevention strategy for the past two decades. Community coalitions and partnerships typically involve a broad range of community members and organizations. They differ in the degree of formality of organization and operation, but they commonly bring a diversity of perspectives and resources to alcohol and drug initiatives. The breadth of interventions used by these coalitions has been profound, ranging from broad strategies aimed at the entire community (e.g., media advocacy) to direct services to high risk populations. As the recent Institute of Medicine report on underage drinking suggests, community-based prevention research points to the importance of broad based efforts to "reshape the physical, social, economic and legal environments affecting alcohol use." While empirical research is limited, there is some promising evidence that community coalitions can be effective in managing youth access to alcohol, which in turn minimizes risk behaviors associated with excessive consumption. Involving the local community is an important emphasis in the overall Strategic Plan to Reduce Binge Drinking and is the focus of Goal Two.

Objectives:

- 2.1 Identify/promote opportunities for strategic collaboration relevant to binge drinking.
- 2.2 Strengthen infrastructure capacity to facilitate/support collaborative action.
- 2.3 Promote knowledge/skills for effective collaboration.
- 2.4 Develop/modify policy to reduce impediments and increase incentives for collaboration.
- 2.5 Facilitate specific network/planning activities to promote collaboration relevant to binge drinking.

Identify/promote opportunities for strategic collaboration relevant to binge drinking.

California's binge drinking problem will not be solved by a single strategy or agency. Achieving intended outcomes will require coordinated action through a collaborative approach involving agencies and organizations at the state and local level.

- GPAC members can organize and facilitate affiliates/advisory groups that can be used for community and organizational outreach.
 - Each GPAC state-level agency is involved in their own network planning and advisory groups. These affiliated organizations provide an excellent opportunity to expand the web of concerned, informed and motivated individuals and organizations. Involving additional stakeholders in the overall planning and implementation process increases the likelihood of having an impact.
- Identify systems, priorities, resources and interests that will make collaboration most feasible. A concentrated effort should be undertaken that identifies potential collaborations through a systematic and continuing process. This will be best accomplished by involving GPAC members and stakeholders.

Strengthen infrastructure capacity to facilitate/support collaborative action.

Successful and broad based interventions to reduce binge drinking and its negative consequences will require collaborative partners well versed in the dimensions of the problem, as well as in potential solutions.

- Identify/share communication strategies (web links, conferences, published articles, evaluation reports) among systems. All GPAC members are involved, at some level, with the consequences of binge drinking. Systematically sharing information across disciplines and fields will broaden awareness of individual agency activities and offers potential for collaborative partnering. ADP technical assistance and training contractors could be used as clearinghouses for receipt, synthesis and dissemination of this information.
- Develop specific mechanisms for the public educational systems (K-12, CA Community Colleges, CSU, UC) to share resources, programs and strategies to prevent binge drinking. Involving the educational system will be central to success in reducing binge drinking. A successful information sharing process will require capacity to collate and prepare materials documenting programs and strategies, and a communication network and procedure.

Promote knowledge/skills for effective collaboration.

Collaboration is often recommended as a means of leveraging social interventions and increasing their effectiveness. However, creating collaborative systems central to the success of implementing a statewide effort to reduce binge drinking is a difficult task that will require on-going support and skill building.

- Establish appropriate workgroup to examine best practices/evidence-based partnering. A workgroup should be convened to review and make recommendations concerning best practices of successful community-based coalitions in dealing with binge drinking issues. Experience and research has shown that coalitions vary widely in success, and maximizing the utility of this potentially valuable resource requires guidance and assistance.
- Develop TA training materials to promote collaborations at state and local levels. A growing body of work has been done in recent years concerning the factors that contribute to effective collaborations. Effective practices vary by purpose, community context (e.g., resources and readiness), and experience. This information needs to be reviewed and shared to ensure that effective collaborations are established.

Develop/modify policy to reduce impediments and increase incentives for collaboration.

Collaborations involve different stakeholders and partners, and operate in distinct local community and policy environments. Encompassing policies such as categorical funding requirements, local conditions (e.g., "turf battles") or unrealistic funding mandates or coalition objectives (e.g., insufficient time or strategic guidance) can seriously constrain the success of coalitions. Understanding and reducing potential barriers will be important to ensuring the development of successful collaborations.

- Give flexibility in use of funds for collaborative work. GPAC agencies need to consider how current funding priorities and requirements can be rearranged to promote the development of binge drinking collaborations. Blended and flexible funding procedures have been shown to promote successful collaboration (e.g., The California Friday Night Live Partnership was founded by two federal initiatives: SDFSC and SAPT).
- Identify three specific state-funded local programs. Require systems collaboration as a condition of funding. GPAC agencies should identify potential funding initiatives in which systems collaboration can be mandated (e.g., State Incentive Grant subrecipient funding).
- Define a clear binge drinking statement of purpose related to ages 12-25
 that establishes the area of common ground for actions of the
 collaborative members. Working with collaborating agencies and other
 stakeholders, the GPAC should facilitate the development of a statement of
 purpose that can delineate agreed on parameters of action and purpose for
 collaborating agencies. This common statement of purpose may facilitate
 commitment of agencies and stakeholders to collaborative action.

Facilitate specific network/planning activities to promote collaboration relevant to binge drinking.

Local collaborations involving key community stakeholders (e.g., schools, law enforcement, business community) should be created to develop and implement locally relevant strategies for reducing binge drinking. Collaborations can also be developed at a systems level when similar issues are amenable to shared approaches. Particular attention should be paid to systems that encompass high risk environments for binge drinking (e.g., higher education).

- Assist communities in establishing (or identifying existing) local collaborations to include K-12 schools, institutions of higher education, law enforcement agencies, local government, service providers and/or other organizations and interests relevant to local binge drinking strategies.
 - Either through funding or technical assistance, local communities should be encouraged to form collaborations, and supported in achieving effective design and implementation.
- Implement a collaborative network (planning process) involving all four university systems (i.e., Private, UC, CSU, Community Colleges) to address binge drinking issues at institutions of higher learning.
 Currently, two of the university systems have active binge drinking initiatives. It is key that all four of the systems in California, which collectively include several million students, be part of the effort to design, implement and document successful prevention and intervention efforts.

Strategic Goal Three:

Reduce availability of alcohol to underage youth.

The years prior to the legal drinking age of 21 are often a period of youthful experimentation with alcohol and other drugs. When youth choose to drink, they tend to drink more per occasion than adults. Underage youth do not drink as frequently as adults, but often consume at binge quantities when they do drink. During these years, binge drinking poses a significant safety risk for those engaging in the behavior, and those around them. Binge drinking also carries significant risk for reducing opportunities and accomplishment that support positive development into productive, contributing and rewarding adult lives. A public health perspective on binge drinking alerts us to the importance of opportunity and availability of alcohol to underage drinkers. Without ready availability, use and its negative consequences will decrease. Strategic goal three focuses on the "supply side" of the binge drinking problem. Reducing availability of alcohol to underage youth is made more difficult by the fact that alcohol is a legal substance for responsible use in the adult population and alcohol is heavily marketed such that it is highly visible to underage persons. Alcohol is available in a variety of commercial establishments, and in the homes of many underage youth. Accordingly, reducing availability requires a diverse set of objectives and strategies that encompass commercial practice, social acceptance and legal sanctions.

Objectives:

- 3.1 Increase knowledge/skills concerning strategies for reduction of alcohol availability for youth.
- 3.2 Promote, monitor and assess specific public/private initiatives to reduce alcohol availability to youth.
- 3.3 Promote strengthened enforcement of existing policies and regulations for providing alcohol to youth.

Increase knowledge/skills concerning strategies for reduction of alcohol availability for youth.

A cornerstone of successful implementation of the Binge Drinking Strategic Plan must be the promotion and dissemination of effective strategies for reducing binge drinking consumption patterns in targeted populations. The complexity of reducing the supply of alcohol will require training and technical assistance in effective methods for reducing alcohol availability to minors.

- Collate, synthesize and disseminate information on sources of alcohol availability for underage youth (where and how do they get alcohol). Evidence-based information concerning where and how underage youth get alcohol will be important to planning and targeting interventions (i.e., law enforcement agencies should consider collecting information on access sources in all alcohol-related juvenile arrests). Current knowledge should be synthesized and disseminated to the GPAC and broader audiences. To the extent feasible, tools and techniques (i.e., surveys, observational techniques) that document alcohol availability need to be developed, their use promoted, and their results collected and fed back to the GPAC and policy makers.
- Develop a list of strategies to reduce overall availability. GPAC (through a workgroup, through the use of subject matter experts, or through agency contractors) should identify and categorize (*i.e.*, by age, risk, settings, or other characteristics) alternative strategies and methods for reducing availability of alcohol to underage youth (e.g., server trainings, increased enforcement, licensing policy, awareness education for parents, school policies).

- Disseminate, promote and recommend policies and initiatives that implement strategies appropriate for different community circumstances. GPAC, or a lead agency in GPAC, should develop a plan to promote and recommend policies and initiatives to target communities, collaboratives, and/or interested parties. (This activity will interface with the strategies for developing, disseminating and promoting evidence-based practices that are identified under Goal Five.)
- Encourage use of "ASIPS" and other police reporting procedures for identifying hot spots to target. Local law enforcement's ability to identify alcohol involvement in crime reports can be a useful tool to use local data to build community/public agency incentive to target "hot spots" in the community. ASIPS (Alcohol/Drug Sensitive Information Planning System) is one such program that provides this level of analysis.

Promote, monitor and assess specific public/ private initiatives to reduce alcohol availability to youth.

Strategies designed to limit youth access to alcohol have not been strongly evaluated. However, some approaches have shown promise. To generate and disseminate information on effective strategies, these promising practices should be facilitated, monitored and assessed.

- Develop, monitor and assess state and local public policies (or other strategies) that restrict alcohol marketing and promotions of alcohol that target youth. In 1999 the Federal Trade Commission (FTC) made recommendations concerning advertising standards for the industry. Only one company adopted review boards to examine complaints about alcohol advertising practices. Through public awareness and local coalition action, additional pressure on alcohol advertising practices might be exerted. Other policy options should also be explored.
- Encourage cities in counties to adopt a "San Diego" type social host local ordinance. A mentoring partnership involving San Diego leaders to assist other California cities in implementing social host local ordinances could be established. Minimally, documents on the process should be prepared for broad distribution and placement on the Binge Drinking web site.
- Create a list of California success stories (i.e., San Diego Policy Panel on Youth Access to Alcohol). Prepare brief case histories on "success stories" to be shared with California communities and on the web site. The case studies will have a step-by-step outline for achieving success.

Social Host ordinances, also known as "Parental Responsibility for Access to Alcohol" ordinances, ensure that parents may be held responsible for underage drinking that goes on at teen parties in their residence.

Promote strengthened enforcement of existing laws for providing alcohol to youth.

There are laws and penalties currently on the books that directly concern underage drinking and less directly, binge drinking behaviors. Increased enforcement of these sanctions is a major objective of this Strategic Plan.

- Monitor and market success of compliance checks, penalties and enforcement of laws. Increase public awareness concerning enforcement of various alcohol-related laws. Involve local youth groups (e.g., Friday Night Live Partnership) as participants in joint police-community enforcement of sales to minor projects. Market information relevant to binge drinking. Information should include data on compliance.
- Encourage reliable funding source for local enforcement efforts. Funding of local law enforcement agencies to continue vigorous enforcement of existing alcohol-related laws must be a high priority.
- Use local media to highlight commercial and social host violations as well as cooperative commercial outlets. Publicity may be an effective incentive for private businesses or individuals to modify practices that are permissive of acquisition of alcohol by underage youth. This strategy could be identified and encouraged as a means of influencing private behavior.

Strategic Goal Four:

Increase perception among adolescents and young adults that binge drinking is harmful and unacceptable.

Strategic Goal One focused on the importance of raising awareness and reducing acceptance of binge drinking in the adult and organizational environments of adolescents and young adults, who are most vulnerable to binge drinking and its negative impacts. If binge drinking is to be approached in a comprehensive way, it is also important to develop effective ways of increasing the perception that binge drinking is harmful and unacceptable among adolescents and young adults themselves. Prevention research has focused on methods of impacting the perceptions and behaviors of youth, and promising alternative strategies are available.

Objectives:

- 4.1 Increase awareness/knowledge of consequences of underage binge drinking/alcohol use.
- 4.2 Encourage peer programs to more effectively change youth and young adult perceptions of acceptability of binge drinking/alcohol use.
- 4.3 Target high risk adolescent and young adult environments for intensive awareness/education interventions.

Increase awareness/ knowledge of consequences of underage binge drinking/alcohol use. Terms such as "youth culture" and "generation gap" dramatize the differences in perspective between youth and adults. Changing the perceptions of youth concerning binge drinking, its risks, and its acceptability will require different methods and messages than changing perceptions of adults.

- Develop specific campaigns (or programs) that target youth and highlight health or behavioral issues associated with binge drinking. A special youth-oriented campaign to increase awareness concerning health and behavioral issues should be conducted (e.g., Office of Traffic Safety (OTS) funded eight FNL Partnership Counties to develop informational mass media campaigns on underage drinking issues). This could be as simple as designating a "Binge Drinking Awareness" month in schools. The youth orientation should be reflected both in content and in placement / targeting of the message.
- Publicize and enforce laws requiring the suspension of drivers' licenses
 for any law violation involving alcohol/drugs. Driving is a privilege of
 particular value to adolescents and young adults, and widely publicized
 sanctions removing this privilege may have a deterrent effect. Some states
 have launched major media campaigns using this strategy (e.g., Missouri's
 "use and lose" campaign).
- Develop and distribute two youth-oriented public awareness materials on the effects of binge drinking (i.e., PSA, videos) to schools and public TV. These messages are differentiated from Goal One messages in their demonstrated appeal to young people. Some states (e.g., Montana) have launched campaigns that are designed to dispel the perception that "everyone" engages in substance abuse behaviors. These messages are unique in their focus on "abuse" and the use of statistics to show that alcohol abuse is a behavioral pattern for a minority of youth.
- Develop educational programs for use by teachers that encourage students to research the implications of binge drinking in those under 25.

Involvement of schools to curb middle and high school binge drinking is an important part of a comprehensive, multi-faceted plan. Innovative and informational materials for students need to be developed.

- Meet with representatives from media, insurance, medical, schools, to
 provide video and PSA's. The focus on young people may provide a useful
 appeal to reach out to business and educational communities for support and
 resources. Broadening the base to involve other key stakeholders in promoting
 the message could be an important strategy for leveraging resources.
- Develop factual information concerning the residual effects of binge drinking on motor skills, learning and decision-making hours after the drinking episode. Binge drinking episodes can have lingering effects on ability to perform physically and mentally. Developing, packaging and disseminating information on the nature and duration of these effects is an important piece of information that is not specifically or widely known.

Encourage peer-led programs in order to more effectively change youth perceptions of acceptability of underage binge drinking/alcohol use.

Adult-driven messages are at an inherent disadvantage for producing changes in perceptions and behaviors of adolescents and young adults. Prevention research has repeatedly demonstrated that adult-delivered information on substance abuse and its associated risks for youth do not reduce self-reported substance use relative to control or comparison group behavior. Peer-delivered messages are more well-received and have the advantage of involving youth themselves.

- Provide TA funding for media advocacy involving youth.
 Through existing TA contracts managed by ADP, engage youth in the development of localized media campaigns on binge drinking (e.g., The OTS/FNL Partnership Media Campaign cited earlier is an example of this type of effort).
- Review and use research from tobacco control initiatives in California
 and other states to shape media messages to most effectively reach
 specific categories of youth with evidence-based content that actually
 impacts knowledge, beliefs and behaviors. A large volume of research has
 shown that informational strategies, including media campaigns, are often
 unsuccessful in actually changing knowledge, beliefs, and (in particular)
 behavior. To maximize cost-effectiveness of this strategy, it is important that
 evidence concerning the most effective content for specific target youth should
 be accumulated and disseminated.

Target high risk adolescent and young adult environments for intensive awareness/education interventions.

Research on binge drinking has shown it to be a behavior that is strongly related to social circumstances. Binge drinking is more prevalent among males, and occurs at much higher rates in specific social environments. Rates are very high, for example, among young adults attending residential colleges. Interventions designed to change perceptions of harm and acceptability of binge drinking are particularly important for young people in these high risk circumstances.

- Identify populations and environments at high risk for binge drinking, Using
 existing statewide surveys and specialized studies of binge drinking behaviors, e.g.,
 college campus surveys, California Healthy Kids Survey (CHKS), California Student
 Survey (CSS), information on high risk populations, the particular risk factors that
 characterize them, and the settings in which they occur should be gathered,
 synthesized and disseminated.
- Identify and disseminate information on intervention strategies most
 appropriate to changing awareness and acceptance for specific populations at
 risk. Knowledge of risk profiles for specific groups can be an important guide to
 intervention need, and of the particular intervention strategies most appropriate to a
 particular population and/or setting. Identification of distinctive risk populations is a
 potentially important planning tool for local providers and planning collaborations.

Strategic Goal Five:

Identify and promote evidence-based practices in addressing binge drinking.

In the last decade the science of prevention has made great strides. Prevention researchers and evaluators have demonstrated that prevention programs, when well designed and implemented, have significant beneficial effects on substance use behaviors and risk factors. They have also identified programs or practices that have been shown successful in rigorous research studies. Large, multi-site studies have demonstrated that it is particularly important to understand the underlying principles that define effective models. These principles include effective means of engaging participants, and giving them the opportunity to interact reflectively on their behavior. Information and instruction are not sufficient. Furthermore, understanding the fundamental premises of effective prevention is important because programs and practices sometimes require adaptation to be successfully implemented in different cultural or community contexts, or to achieve specific outcome purposes that may differ somewhat from those for which the program or practice was initially developed. It is important that binge drinking prevention interventions be informed by evidencebased knowledge about the individual and social conditions that contribute to binge drinking, and by knowledge about the effectiveness of interventions for different populations and in different settings. Collating and synthesizing relevant evidencebased information, helping communities and providers to adapt and apply it, and creating on-going capacity to learn from intervention experience are important components of the Strategic Plan to Reduce Binge Drinking in California.

Objectives:

- 5.1 Develop and disseminate information concerning evidence-based practices for effective binge drinking interventions.
- 5.2 Identify and disseminate information concerning funding/resources for evidence-based practices.
- 5.3 Strengthen capacity to collect and analyze information concerning binge drinking and intervention effectiveness in California.

Develop and disseminate information concerning evidence-based practices for effective binge drinking interventions.

During the past decade, much has been learned about the effectiveness of various prevention programs and approaches. Increasingly, the field is being redirected to adopt evidence-based practices. While more needs to be learned concerning the effectiveness of binge drinking programs, what research knowledge there is should be actively promoted, disseminated and appropriately used.

- Define the principles of "evidence-based" prevention practices for binge drinking programs, approaches and strategies. Clear criteria for defining evidence-based programs and practices must be agreed on and articulated. To ensure that the objective of evidence-based practices is achieved, evidence-based products must be easily understood and clearly applicable at the service level. Consideration should include criteria for identifying prevention approaches ("theories") that have been confirmed as strong guides to effective prevention.
- Identify promising concepts, programs and practices (evidence-based)
 and disseminate them to the field through TA/Training events. The ADP
 has extensive capacity to deliver TA and Training on prevention throughout the
 State. TA and Training materials on binge drinking can be developed and
 promoted through these contracts.
- Investigate current literature to identify effective practices and publish
 results. An agency (or contracting organization) will be charged with the
 responsibility of maintaining current literature on effective binge drinking
 practices. This information will be posted on the web site, and will constitute
 an information base for synthesizing evidence-based programs and practices
 for reducing binge drinking and addressing issues of fidelity and adaptation.

• Identify effective programs and community actions and provide the sponsors with TA to assist them in application procedures necessary to being "approved" as promising or model programs/practices by GPAC-related state/federal sources ,e.g., Office of Juvenile Justice and Delinquency (OJJDP), California Department of Education (CDE), Federal Department of Education (DOE), Center for Substance Abuse Prevention (CSAP). Recognition on agency registries of evidence-based programs or practices requires an often complex application process. Local programs, particularly community-based programs, may not have the research skills or procedural knowledge necessary to successfully negotiate these procedures, regardless of the effectiveness of their programs or practices. Technical assistance in meeting requirements and procedures will be important to ensuring that effective programming is identified and recognized.

Identify and disseminate information concerning funding/resources for evidence-based practice.

To implement specific binge drinking programs will cost money. An agency (or agencies) will need to be responsible for tracking potential funding and/or resources to implement these programs, and for disseminating this information to the field.

- Identify funding sources to support evidence-based practices. Tracking potential funding at the federal and state governmental levels, and through non-profits will be important to optimizing the adoption and implementation of evidence-based practices to combat binge drinking throughout the State.
- Identify ways to make evidence-based programs more affordable and accessible to community-based providers. Many community-based prevention providers do not have the financial resources to purchase "model program" curricula. For members of their target populations to benefit from evidence-based practice, training and TA support in principles of evidencebased programming and how to apply them to their programs could be provided through state training and TA contracts.
- Identify resources within agencies that can help identify resource support for adoption and implementation of evidence-based practices.
 GPAC members can collaborate in reviewing internal and external resource streams, identifying those that can support adoption of evidence-based practices for reducing binge drinking, and disseminating updated information on these opportunities.

Strengthen capacity to collect and analyze information concerning binge drinking and intervention effectiveness in California. Promoting evidence-based programming is a dynamic process in which evidence on need and effectiveness must be continuously generated and fed into program planning and decisions. Currently, there are no centralized statewide sources for information concerning the prevalence and incidence of binge drinking in the State, or on successful prevention and intervention strategies. This capacity needs to be developed.

- To the extent feasible, standardize collection of data relevant to binge drinking in schools. Currently the State collects information on adolescent drinking behaviors through multiple surveys, some aimed at middle and high schools, and others at the collegiate level. Comparable data items (*i.e.*, same terms, periods, behavioral consequences, etc.) would greatly facilitate data collection and analysis of binge drinking behaviors.
- Identify agency of GPAC who will be responsible for creating/maintaining
 a statewide database, e.g. Alcohol Beverage Control (ABC). A GPAC
 agency should assume primary responsibility for developing and maintaining a
 comprehensive data base that is the repository for standardized information on
 binge drinking, and for idiosyncratic studies of binge drinking interventions in
 the State.
- Provide stakeholder access to database. A GPAC agency should also take
 responsibility for creating and maintaining a web-site that could include needs
 and performance (see last section of this report) data as well as reports and
 narrative materials. Information about the web site needs to be disseminated
 widely to potential stakeholders and interested parties.

Binge Drinking is a serious problem among California youth between the ages of 12-25. The Strategic Plan has identified goals, objectives and specific strategies to reduce binge drinking in the State. The Plan is written to promote effective, evidence-based *and accountable* interventions and policies. The monitoring of outcomes (e.g., indicators of binge drinking and associated problems) over time is essential to developing and implementing a statewide policy that is accountable, and for which effectiveness can be demonstrated.

However, as the GPAC's Strategic Planning Workgroup discovered in their research, there are <u>no</u> consistent data collection procedures in place that provide systematic annual information concerning binge drinking and the many problems associated with this behavior. Accordingly, if the outcome success of the strategic planning effort is to be assessed on a statewide level, it will be important to develop the capability to collect indicators of annual trends in binge drinking. In practical terms, the method of data collection will vary by age, and by institutional setting. This section makes recommendations for enhancing data collection in three target areas: public middle and high schools; criminal justice and higher education. These data sources do not systematically represent the entire target population of 12 to 25 year olds, but it does provide the ability to assess progress in reducing binge drinking and related problems in many populations targeted in the Strategic Plan.

Middle and High School Students

The California Healthy Kids Survey (CHKS) is an annual survey providing generally representative data on the State's middle and high school youth (grades 7,9,and 11). Exhibit 1 presents a preliminary listing of potential data elements where information (*i.e.*, CHKS) is consistently collected. The 2001-2002 data provides baseline data that can be tracked annually into the future. This type of data makes multiple comparisons possible including binge levels within a particular grade (e.g., 9th) as the plan is implemented, and comparisons of trends as a given grade cohort (e.g., 2001-02 7th graders) age through the implementation years of the plan. These indicators have the strength of providing a specific measure of binge drinking over a large portion of the middle school and high school age youth in the State. They also allow the relation of binge drinking to a broad range of substance use behaviors.

Exhibit 1
Adolescent Heavy Drinking Indicators (Baseline 2001-02)*

Adolescent Heavy Drinking Indicators (Baseline 2001-02)*					
	Baseline				
	2001-02	2002-03	2003-04	2004-05	2005-06
	(%)	(%)	(%)	(%)	(%)
Grade 7					
Weekly drinking, past 6 months	2.1				
Daily drinking, past 30 days	0.5				
BINGE DRINKING, past 30 days	2.9				
Alcohol use at school, past 30 days	3.5				
Ever very drunk/sick	8.1				
Ever drunk/high from alcohol or drugs	11.9				
Ever drunk /high at school	3.3				
Excessive alcohol user	2.9				
Grade 9					
Weekly drinking, past 6 months	7.1				
Daily drinking, past 30 days	2.1				
BINGE DRINKING, past 30 days	13.4				
Alcohol use at school, past 30 days	7.8				
Ever very drunk/sick	22.0				
Ever drunk/high from alcohol or drugs	31.3				
Ever drunk/high at school	13.5				
Excessive alcohol user	17.1				
Grade 11					
Weekly drinking, past 6 months	17.4				
Daily drinking, past 30 days	2.4				
BINGE DIRNKING, past 30 days	26.2				
Alcohol use at school, past 30 days	9.1				
Ever very drunk/sick	43.1				
Ever drunk/high from alcohol or drugs	52.1				
Ever drunk/high at school	27.0				
Excessive alcohol user	32.4				

Alcohol-Related Juvenile Criminal Justice Statistics

Criminal justice statistics provide another set of indicators of the potential incidence of problem alcohol use among youth in California. Exhibit 2 presents alcohol-related criminal justice statistics over a nine-year period. Annually, between eight and nine thousand youths are arrested in California for direct violation of one or more felony or misdemeanor alcohol-related crimes.

EXHIBIT 2 Alcohol-Related Juvenile Felony and Misdemeanor Arrests

OFFENSES	1999	2000
Felony:		
Drive Under		
Influence	81	90
Misdemeanor:		
Drive Under		
Influence	1,674	1,457
Subtota	al 1,755	1,547
Miscellaneous:		
Drunk	5,498	4,917
Liquor Laws	6,774	5,832
Subtota	al 12,272	10,749
Tota	al 14,027	12,296

It should be noted that thousands of youth are arrested and charged each year for criminal violations that, while not alcohol-specific, have a high level of association with drunk behaviors. These include such charges as:

- Disturbing the peace (approximately 10,000 juveniles arrested each year)
- Disorderly conduct (approximately 500 juveniles arrested each year)
- Vandalism (approximately 13,000 arrests each year)

In addition, Criminal Justice researchers have determined rates of alcohol (and other drug) involvement typically associated with select felony offenses. We have not made these calculations for presentation here, but they could provide another perspective on the scope and consequences of serious alcohol use by California youth. These calculations would have greatly elevated the number of youths involved with the criminal justice system as a result of their alcohol consumption over the estimates based on arrests for direct alcohol offenses alone.

The criminal justice indicators do provide some indication of levels of serious problem behaviors specifically or probabilistically associated with alcohol use. However, these data do not provide indicators of binge drinking as a specifically defined behavior.

Higher Education Binge Drinking Performance Indicators

Information about binge drinking at California institutions of higher learning has, in the past, been inconsistently collected. At some institutions, surveying of the students on AOD use

and behaviors has been the responsibility of a department or interested professors. These institutions often have years of data, but comparisons with others (e.g., compared use patterns) were made more difficult by the lack of consistency in survey items. Some campuses use the Core survey, which greatly facilitates the cross-campus comparisons. More recently, the Prevention Resource Center in Berkeley has initiated the development of an instrument to be used throughout the UC System.

Absent a standardized instrument for <u>all</u> universities, the GPAC Strategic Planning Workgroup on Binge Drinking identified a number of indicators where consistent and standardized information would be helpful. They are identified in Exhibit 3. To the extent possible, they mirror indicators used in the adolescent surveys.

Exhibit 3
University Binge Drinking Pattern Indicators

	Baseline Year	Year 2	Year 3
Weekly drinking, past 6 months			
Daily Drinking, past 30 days			
Binge Drinking, past 30 days			
Binge Drinking, past 2 weeks			
Binge Drinking, past 1 week			
Amounts consumed, past binge drinking behavior			
Past year as a result of binge drinking			
Trouble with policeFighting/arguments			
DUI/DWI			
 Vandalism 			
Experience personal problems as a			
result of excessive drinking			
Suicide ideation			
 Being hurt or injured 			
 Tried unsuccessfully to stop 			
using			
 Sexual assault 			
Drinking and driving			
How many times this past year			
did you drive after consuming			
4 or more drinks			

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While much of the data gathered on binge drinking behaviors in higher education is idiosyncratic to particular institutions, it can still provide an informative basis for assessing trends in binge drinking in critical high risk populations. Indeed, systematic aggregated data for college or university students could be very misleading because students in very low risk (e.g., commuter community colleges with a large percentage of older students) circumstances would be "averaged in" with students from very high risk (e.g., residential colleges with large fraternity and sorority communities). The resulting average levels for higher education students in the State will lose meaning because they mask important differences in risk between different campus settings. Patterns of data within categories of campuses with different levels of risk will allow analysis to focus on campuses in which risk for binge drinking and associated problems are larger, even when relying on single or limited numbers of campuses per study. These are the campuses in which the Strategic Plan would be expected to have its greatest impact.

In summary, while California does not have a uniform system of data collection across the portion of the State's population that is at highest risk for binge drinking and associated problems, there is sufficient data to initiate an evidence-based procedure for assessing the success of the Strategic Planning process in achieving its objectives, and to help hold it accountable. As the Plan is implemented, the GPAC can facilitate the development of more adequate data.

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